Interviewer Training

CHRG personnel trained all interviewers. Its staff has been involved in numerous health-related surveys in Tennessee and elsewhere, including the Tennessee Adult and Juvenile SANTA Arrestee Study. The latter was funded by the same sponsor under the same contract as this project. Survey research is the one of the primary activities and areas of expertise of the CHRG. Two highly reputable consultants, one from the Johns Hopkins University and the other from the ARG, visited the CHRG in the latter part of 1995 to facilitate interviewer training and to address various study protocol issues.

Pilot Test

Investigators piloted all research instruments for one week in one of the seven randomly selected hospitals. Supervisors closely monitored interview procedures during this initial phase of the study.

INFORMED CONSENT AND CONFIDENTIALITY

Interviewers approached eligible subjects, all of whom were at least 18 years of age, in the ER or hospital ward in order to seek their participation. They obtained informed consent by reading to each subject a statement that explained the nature of the research and the inclusion of questions about drug use, drug-related problems, and personal health issues. Portions of the statement contained requests to conduct drug testing on samples of the subjects' saliva and urine and to access their medical records. Interviewers read these to participants in seeking their formal consent to provide specimens for saliva testing and urinalysis.

Interviewers stressed that patient participation in this study was entirely voluntary. Without penalty, participants could terminate the interview at any time, and they could refuse to answer any questions. Most participants were interviewed in a private area in (or near) the waiting room or treatment room, always beyond the hearing of others.

Patients too seriously ill, injured, or otherwise impaired to be interviewed in the ER were followed into the hospital ward. They were not interviewed until their condition had sufficiently stabilized, and only after the interviewers had been given clearance from the attending physician and obtained patient consent. No saliva tests were conducted on these patients, but the physician could collect the urine, if appropriate in his/her judgement. Such urine specimens were not released to project interviewers unless, and until, the patient recovered sufficiently to be able to give informed consent in the same way as other participants.

Every effort was made to maximize interview confidentiality and minimize subject risks. Subjects were protected by: